



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: March 6, 2019

Ms. Colleen E. Fritz
Chief Executive Officer/President
Heritage Springs Memory Care Inc.
327 Farley Circle
Lewisburg, Pennsylvania 17837

RE: Heritage Springs Memory Care
License # 225980

Dear Ms. Fritz:

As a result of the Department's Bureau of Human Services Licensing inspection on October 30, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22598 - 10/30/2018 - Harvey, Jason

PCH Name: HERITAGE SPRINGS MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Staff person A was observed by four coworkers on 10/10/18 at approximately 3:00 PM using expletives and pushing on resident #1's arm while providing care. The resident was not injured during this incident and Staff Person A was terminated due to this incident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Regulation 2600.42(c)

Staff person A was suspended right away directly following incident and fired the next morning for this incident.

Going forward all staff are being retrained on resident rights. See addendum A.

All new staff will continue to be given a copy of the resident's rights and sign an agreement to treat all residents with dignity and respect.

The administrator and designees will monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Valerie Myers

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Valerie Myers ED

Date

1-22-19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-19-19
(Date)

Plan of correction implementation status as of 2-19-19
(Date)

The above plan of correction was approved by *AG*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented